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Chronic CAD/Stable Ischemic Heart Disease

SUPPORTING SHARED DECISION-MAKING IN CHRONIC STABLE ANGINA: PREDICTING SYMPTOMS, FUNCTION AND QUALITY OF LIFE AT 1 YEAR FROM THE APPROACH STUDY

ACC Moderated Poster Contributions
McCormick Place South, Hall A
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Session Title: SIHD Decision Making: Who (or What) Makes The Call
Abstract Category: 2. Chronic CAD/Stable Ischemic Heart Disease: Clinical
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Introduction: In patients with stable angina, the principal bene[[Unsupported Character - Codename]]fit of revascularization is angina relief and improved quality of life (QOL). While prediction models of survival exist, models predicting health status improvements after treatment do not. Creating multivariable, risk-stratifi[[Unsupported Character - Codename]]cation models to predict angina and QOL could support patients in choosing treatment (CABG, PCI or medicines alone).

Methods: We used the Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease (APPROACH) database, which includes baseline clinical information and 1-year Seattle Angina Questionnaire (SAQ) scores in 3377 patients who underwent cardiac catheterization with significant coronary disease detected. Predictors of SAQ Angina Frequency (AF), Physical Limitation (PL), Quality of Life (QOL) and SAQ Summary Scores were developed using general linear models.

Results: Of the 3377 patients with stable CAD undergoing cardiac catheterization, 1421(42.1%) were medically managed, 1255 (37.2%) underwent PCI and 701 (20.8%) underwent CABG. Revascularization was consistently associated with improved health status in all 4 health status models, with CABG being associated with greater improvements than PCI (6.3-7.3 points vs. 4.0-5.4 points compared with medicines alone). Advanced age was negatively associated with SAQ PL scores, but was associated with greater improvements in QOL. Different comorbidities were associated with 1-year health status, depending upon the outcome. The models were well-calibrated, but explained only a modest proportion in the variation of patients' health status outcomes.

Conclusions: We have developed models predicting 1-year health status in patients with stable CAD undergoing cardiac catheterization. These models may provide an important opportunity to support shared decision-making for CAD treatment, based upon meaningful outcomes from patients' perspectives.